

August 3, 1999

that my colleagues in the House will join me and other Central New Jerseyans in extending our gratitude and condolences to Mr. Karcher's friends and family.

HONORING DR. JOE TARON

HON. WES WATKINS

OF OKLAHOMA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, August 3, 1999

Mr. WATKINS. Mr. Speaker, I rise today to honor Dr. Joe Taron, a faithful servant of the people of Pottawatomie County, in the Third Congressional District of the Great State of Oklahoma. Dr. Joe has committed his life to improving the quality of life of the people around him, and his accomplishments over the years are considerable.

For 23 years Dr. Joe's vision, hard work, perseverance and leadership have been the inspiration of the effort of build the Wes Watkins Reservoir near McCloud, Oklahoma, to provide a permanent new water source to the citizens of Pottawatomie County. On Monday, August 9, the lake will be officially dedicated, providing not only a valuable new source of drinking water to the cities of Shawnee and Tecumseh, but also providing the citizens of Pottawatomie County and the people of central Oklahoma with a great recreational resource for swimming, boating and fishing.

I am proud to call Dr. Joe my friend. He is a wonderful "role model" for our children and grandchildren, and our country is a better place because of his work to help those around him. Mr. Speaker, I rise today to honor Dr. Joe Taron for his outstanding commitment to his community, state and country. I urge my colleagues to join me in wishing Dr. Joe many more years of continued joy and happiness.

THE ANTHRAX ISSUE IN THE
DEPARTMENT OF DEFENSE

HON. WALTER B. JONES

OF NORTH CAROLINA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, August 3, 1999

Mr. JONES of North Carolina. Mr. Speaker, earlier today, a number of my colleagues joined me in a press conference to discuss an issue that I believe may jeopardize the readiness of our military—the Department of Defense Anthrax Vaccination Immunization Program.

Mr. GILMAN, Mr. BURTON, Mr. FILNER, Mr. METCALF, and Mr. HAYES all joined me to express our shared concerns over the mandatory anthrax vaccination program.

I wanted to take a few moments to share some of my thoughts on the press conference and the anthrax issue as a whole.

In March of this year, I met with a number of reservists from Seymour Johnson Air Force Base in the Third District of North Carolina, which I am proud to represent, to hear their concerns about the mandatory anthrax vaccination program.

After listening to their concerns, I contacted Secretary Cohen and requested the program

EXTENSIONS OF REMARKS

be halted until the questions surrounding the program could be answered.

The Department denied my request. It also failed to address my concerns.

Mr. Speaker, all branches of the military are currently experiencing great difficulty in recruiting and retaining quality military personnel.

Since the announcement of the mandatory vaccination program in 1997, growing numbers of military personnel—particularly Guard and Reservists—are choosing to resign rather than take what may be an unsafe anthrax vaccine.

Now, military personnel across the country are struggling with their options: take the vaccine or leave the service.

Unfortunately, too many are choosing the latter.

At Travis Air Force Base alone, 32 pilots in the 301st Airlift Squadron have resigned or are planning to do so because of the anthrax vaccine.

That is more than a fifty percent attrition rate.

The Air Force estimates it costs \$6 million to train each pilot.

If this figure holds true, the United States is losing over \$190 million dollars worth of training and over 450 years worth of combined experience in the cockpit!

These statistics are not isolated to one unit or one base.

A recent Baltimore Sun article reported that as many as 25 F-16 pilots of 35 pilots in the 122nd Fighter Wing of the Indiana National Guard might refuse the vaccination. This could effectively ground the squadron.

At least one-third of the F-16 pilots in the Wisconsin National Guard's 115th Fighter Wing is expected to refuse the vaccinations.

Another Air National Guard unit in Connecticut reportedly lost one-third of their pilots for the same reason.

The active duty force is also plagued by this problem.

Fourteen Marines in Hawaii and at least a dozen in California have refused the vaccine and are awaiting likely court-martials and dishonorable discharges.

Other reports indicate that even the Department of Defense estimates several hundred active personnel have refused the vaccine and are awaiting disciplinary action.

In a time when all branches of our military are faced with severe challenges in recruiting and retaining quality military personnel, we should be looking for ways to recruit and retain these men and women, not drive them away.

For this reason, Mr. GILMAN and I each introduced separate pieces of legislation to address the problem.

My legislation, H.R. 2543, the American Military Health Protection Act, would make the current Department of Defense Anthrax Vaccination Immunization Program voluntary for all members of the Uniformed Services until either: (1) The Food and Drug Administration has approved a new anthrax vaccination for humans; or (2) the Food and Drug Administration has approved a new, reduced shot course for the anthrax vaccination for humans.

Mr. GILMAN's legislation, H.R. 2548, stops the vaccination program until the National Institutes of Health has completed additional studies.

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However, today's press conference was not about pushing a single bill. Instead, we were there today because despite our respective differences, there is solidarity in our goals.

Each of the men and women at the press conference represented differing views on how to best deal with the anthrax vaccination program.

Yet, we all agreed on one point: The mandatory anthrax program must be changed!

For that reason, today Mr. GILMAN and I were able to announce our joint efforts to secure a hearing in the Armed Services Committee on our respective legislative proposals.

If our American men and women are willing to risk their lives to defend this great nation, the least we can do is ensure their questions of safety have been adequately answered before requiring them to take it.

It is important to respond to this issue before a small readiness problem affects the entire force.

I am hopeful that all of our colleagues will join us in working to achieve that goal.

TOBACCO AND U.S. INTELLIGENCE
ISSUES

HON. BERNARD SANDERS

OF VERMONT

IN THE HOUSE OF REPRESENTATIVES

Tuesday, August 3, 1999

Mr. SANDERS. Mr. Speaker, I submit for printing in the RECORD statements by high school students from my home State of Vermont, who were speaking at my recent town meeting on issues facing young people today. I believe that the views of these young persons will benefit my colleagues.

TOBACCO

(On behalf of Sara Sinclair)

Sara Sinclair: Hi. My name is Sara Sinclair.

I'm here to talk about an issue that in many ways relates to nationwide health care, and in many ways would make it more feasible, and that is tobacco control.

Right now in the state of Vermont, 36 percent of our peers are addicted to nicotine, which is the active drug in tobacco. 2,000 of us become addicted to it every year, and roughly 12,000 of us, alive and in high school now, will die because of tobacco use. And personally, that scares me a whole bunch.

I remember when I was in elementary school—I will be graduating next year; I am a junior this year—and we were the Smoke Free Class of 2000. In elementary school, we had all these wonderful programs, and everyone said, "Okay, I'm not going to smoke, I'm not going to smoke." And as time wore on, we got into high school, and the program sort of fell away. And now I look at my peers, and I see a huge number of them addicted to tobacco. Their skin is becoming wrinkled. They get shaky when they don't have their cigarette. They have this strong need for it.

And it's very frightening for me to see my peers addicted to that so early, and to know that they will probably suffer long-term effects from their tobacco use now. I have a ten-year-old sister right now who says, "I'm not going to smoke, I'm not going to smoke." And I hope she will be able to hold true to that. But I fear that, even if she does, that many of her peers won't.

I think that the government needs to take strong steps to prevent tobacco use in children and in teens, because it is a very serious issue. And even though people say, sometimes, "Oh, teens are going to do whatever they want no matter what," there are effective programs out there. I believe, in the state of Massachusetts, the smoking rate amongst pregnant mothers was cut in half by one particular program. And I believe that there are effective programs out there that need to be organized by our government. Luckily, our state government here in Vermont has taken steps in that direction, but we need it on a nationwide level, we need it to be comprehensive, it needs to start before a child is in school, in their preschool, on television, in the newspapers, and it needs to continue right up through adulthood.

I also believe that there should be programs out there to help adults, like my father right now, who is addicted to nicotine and struggling with it. He is having an awful time quitting. And there needs to be a program out there to help people like him get rid of his addiction.

Congressman Sanders: Thank you for a very strong presentation.

U.S. INTELLIGENCE ISSUES

(On behalf of Bethany Heywood and Laura Freeman)

Bethany Heywood: How would you feel if a total stranger demanded your money and wouldn't tell you what it was being used for, but assured you it wouldn't be misused? Would you trust this person? Of course not. But this is essentially what the CIA does to the American taxpayer, and with their track record, we certainly shouldn't trust them to use our money properly.

Taxpayers don't even know how much money the CIA receives, although a rough estimate is \$3.1 billion per year. In the past, the CIA has used a substantial part of its budget to finance covert operations, many of which we are just finding out about. Details of covert operations aren't declassified until decades after the actual event. Conveniently, by the time a covert operation is disclosed, any public outrage that might have erupted will have been squelched by the time lapse.

Whether they're in the past or not, some of the CIA's actions have been inexcusable: Assassinations, attempted assassinations, massive propaganda efforts to prevent undesirable people from winning foreign elections, operations to topple democratically elected foreign leaders from power, internal spying on American citizens, extensive mind control experiments conducted at universities, prisons and hospitals. The list goes on and on. Are these activities the government should be spending money on?

Although the CIA is prohibited from engaging in assassinations, attempts have been made to assassinate quite a few foreign leaders. Some of the targets have been Castro, DeGaulle, Khadafy, Khomeini and Hussein, just to name a few. One of the CIA's supposed restrictions is that its limited to intelligence operations on foreign soil only. Apparently, the CIA has trouble discerning foreign soil from American soil, because, in the 1970s, 300,000 Americans considered potentially dangerous to national security were indexed in the CIA computer. Citizens considered particularly dangerous were placed under surveillance, with bugs in their phones, microphones in their bedrooms, or warrantless break-ins into their homes.

One way to stop the CIA's activities would be to cut CIA funding so there isn't enough for covert operations. Right now, the presi-

dent can direct the CIA to undertake a covert operation, and is advised to do so by the National Security Counsel, or NSC. Members of the NSC are appointed by the president. This does not represent a diversity of people and ideas, because the president is going to pick people who will agree with him. If the members of the NSC were democratically elected, the abuse of power by a small group of like-minded individuals could be stopped.

Another way to make the decision of whether or not to go ahead with the covert operation more democratically decided would be to have congressional oversight. This might be seen by some as too great a threat to CIA authority, but would prevent unethical abuse of power.

The problems with CIA covert operations and abuse of power won't go away overnight, but steps can and should be taken to limit and hopefully eliminate covert operations.

Laura Freeman: I am speaking on the School of the Americas.

Would you willingly arm a murderer? Would you support the education of some of the worst human rights violators in this hemisphere? Would you finance a school which trained its graduates in the most effective ways to interrogate, including torture, blackmail and execution?

Whatever the answer of American citizens, every year, \$20 million go from the taxpayers to a school that does exactly these things. The School of the Americas, or SOA, was started in Panama in 1946. Its original purpose was to train Latin Americans in military techniques, which would allow them to create stable democratic governments in Latin America, as well as repress communist activities and revolutions.

SOA students learn combat skills, military intelligence, commando tactics, sniper training, torture techniques, and psychological warfare. Most of the courses revolve around what they call counterinsurgency, states Father Roy Bourgeois, a priest who has dedicated his time to protesting the SOA.

Who are the insurgents? They are the poor. They are the people in Latin America who call for reform. They are the landless peasants who are hungry. They are healthcare workers, human rights activists, labor organizers. They become the insurgents. How do the graduates of the School of the Americas use their skills? They murder priests and archbishops, missionaries, and, perhaps worst of all, civilians, their own people.

With the advent of the SOA's move to Fort Benning, Georgia, the school has become something we are less and less able to disassociate from. As Father Bourgeois said: "We are talking about a school of assassins right here in our backyard, being supported by our tax money. It's being done in our name."

What can we do to clear our name of this stain? The answer is simple: Close the School of the Americas. We must act to save the lives of people all over Latin America. To quote Salvadorian Archbishop Oscar Romero, "We who have a voice, we have to speak for the voiceless."

THE INTRODUCTION OF THE OMNIBUS LONG-TERM CARE ACT OF 1999

HON. EDWARD J. MARKEY

OF MASSACHUSETTS

IN THE HOUSE OF REPRESENTATIVES

Tuesday, August 3, 1999

Mr. MARKEY. Mr. Speaker, I am pleased to join my good friend PETE STARK today as we

introduce a comprehensive long-term care bill. PETE and I have been concerned about the long-term care needs of seniors, near-seniors, and the disabled for quite some time—and PETE has been a real leader on this issue in the Congress. In the remarks Rep. STARK has made for the RECORD, he gives an excellent summary of our bill. We hope that our bill begins to get Congress and the American people focused on the issue of long-term care because doing something about people's long-term care needs will be one of our Nation's biggest challenges in the next century.

This bill contains a number of important provisions. It's got a \$1,000 refundable tax credit for family caregiver expenses. The legislation makes some changes to Medicare which will result in the program being more useful to beneficiaries with chronic care needs that are best met in the home or in adult day care and other community-based settings. We clarify the definition of homebound. We've got provisions to enhance and ensure that our Nation's nursing homes are top-notch. We also incorporate President Clinton's proposal permitting Federal employees to buy long-term care insurance at group rates through the Office of Personnel Management and require that a plan be developed to allow all Americans to buy these types of policies—all the while paying special attention to the highest consumer protection standards. We have adopted the President's proposal to create a family caregiver support program through grants to the States. Our bill will extend Medicare eligibility to family caregivers who are qualified to receive the tax credit. And finally, we protect family caregivers who must leave the workforce to care for a loved one by making them eligible for Social Security credits to protect their retirement income.

This legislation is not perfect. We will need to iron out some kinks along the way. But it is a beginning. It will be expensive and we don't specify from where the money will come. Earlier this year, I proposed the 2 Percent Solution—using 2 percent of the projected future budget surplus to fund a long-term care program for in-home and community-based chronic care and respite care. I offered the proposal as an amendment in the Budget Committee and every Republican voted against it—a party line vote. The Republicans needed every penny they could find to pay for \$800 billion in tax cuts. Surely, we can do better. This problem is not going to go away.

One of the greatest American achievements of the 20th century has been our ability to increase life expectancy. From the dawn of time to the year 1900, the average life expectancy in the United States was 47 years. Over the last 99 years, we have nearly doubled the life expectancy of Americans. We have done so with a massive infusion of Federal research dollars, and through thoughtful and compassionate programs that provide health care for millions of Americans—Medicaid and Medicare.

What of the quality of that longer life however? I believe we have a moral obligation to ensure that people who are living longer are not living sicker and poorer.

Today, Alzheimer's Disease is on track to wreak havoc on our nation's health care system and leave millions of American families in